

# MUST BE PRINTED ON AGENCY LETTERHEAD

## INVOICE FORMAT

Exhibit \_\_\_\_

OA Tracking #:

OA Date Stamp

1

Contractor Name

Mailing Address

2

3

Contract Number

5

Period of Service (month / year)

Program Name: 4

	Amounts
A. PERSONNEL . . . . .	\$
B. OPERATING EXPENSE . . . . .	\$
C. CAPITAL EXPENDITURES . . . . .	\$
D. OTHER COSTS . . . . .	\$
E. INDIRECT COSTS . . . . .	\$
<b>TOTAL INVOICE . . . . .</b>	<b>\$ -</b>
<b>(LESS ADVANCE PAYMENT - if applicable) . . . . .</b>	<b>\$ -</b>
<b>TOTAL AMOUNT PAYABLE . . . . .</b>	<b>\$ -</b>

I hereby certify that the amount claimed is accurate and a true representation of the amount owed.

6	7
Authorized Signature	Date
Print name of authorized signature	Title

OA Review:

(Initial & Date)

FOR OA USE ONLY

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